Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) TYPE [ OR NUMBER EXTRA **FOR** NUMBER FILED FEE / RATE FEE RATE 690.00 345.00 **BASIC FEE** OR **TOTAL CLAIMS** minus 20= X\$18=X\$9=OR INDEPENDENT CLAIMS minus 3 = X39 =X78 =OR MULTIPLE DEPENDENT CLAIM PRESENT +130= +260= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL **TOTAL** OR Claims as amended - Part II OTHER THAN SMALL ENTITY SMALL ENTITY OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE **RATE** TIONAL AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE **FEE** AMENDMENT PAID FOR Total Minus X\$9=X\$18= OR Minus Independent X78= X39 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE **PREVIOUSLY AFTER EXTRA** AMENDMENT PAID FOR FEE FEE AMENDMENT Total Minus X\$18= X\$ 9= OR Independent Minus = X39 =X78 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-NUMBER REMAINING PRESENT TIONAL TIONAL **RATE** RATE **PREVIOUSLY** AMENDMENT AFTER **EXTRA FEE AMENDMENT PAID FOR** FEE Total Minus X\$ 9= X\$18=OR Independent Minus X39 =X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR \* If the entry in column 1 is less than the entry in column 2, writ "0" in column 3. TOTAL TOTAL \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT. FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, nter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/501/69

## Total Fee Calculation

	Fee Cade	Total # Claims	Number Extra	X	Fee	Fee	-	Total
	Sm./Lg.				Sm. Entity	Lg. Entiry	,	100
Basic Filing Fee	201/101		. (				•	690
Total Claims >20	203/103	24 .20 -	4 _4 x	(		18	-	12
Independent Claims >]	202/102	.3 -	x	:			•	
Mult. Dep Claim Present	204/104					<del></del>		
Surcharge	205/105	•			<del></del>		-	130
English Translation	139							
TOTAL FEE CALCUL				·				
Fees due upon filing t	he application:							
Total Filing Fees Due	= \$	843	2					
Less Filing Fees Subn	nined - S	9				•		
BALANCE DUE	= \$	899				,		
Office of Initial Patent	Examination							
	•				·			

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)